

tral visual acuity, feebleness of accommodation and various other optical troubles. As the concentric contraction of the field is so frequently found in all the general nervous conditions, which are classified as asthenoptic phenomena, he considers it remarkable that this symptom-complex is so infrequently noted in the neuroses made manifest by trauma. He looks upon the concentric contraction of the field as a very frequent objective symptom of the traumatic neuroses, and explains the negative results of other observers by certain defects in their method of examination. When there are no special complaints of asthenoptic symptoms, the measurement of the fields may be overlooked.

The field may be normal in one eye, but in the other that may then be neglected, a marked contraction may be present.

The writer lays as much stress upon slight degrees of restriction as upon the most pronounced. Finally, he deplors the absence of sufficient regard for the law, that in functional neurosis the size of the field is directly proportionate to the size of the object used in the examination.—(Neurolog. Centrbl., No. 17, 1893). W. M. L.

Cornet Players' Cramp.—Turner, (*Lancet*, April 23, 1893). Occupation neuroses will soon become as numerous as the occupations themselves. The most newly fledged is the cornet players' cramp. Dr. Turner records this case: A man who had played the cornet for twenty years, found that it was gradually becoming more difficult to sound staccato notes. Unlike other occupation neuroses, the impediment grows less after practising for a time, and is least manifest when he is playing in his own room. No cause could be ascribed for its manifestation, except fatigue, overwork and feeble health. J. C.

PSYCHOLOGICAL.

The Duty of the State to the Insane.—By Andrew MacFarlane, M.D., of Albany, N. Y.

The doctor begins his paper by noting the fact, that two very important acts have lately been passed by the Legislature of this State with regard to the insane.

The first is the change in the name of the Insane Asylums to that of State Hospitals, and the second is the act providing for the care of the chronic insane.

The change in the name is a natural result of modern ideas, according to which insanity is regarded, not

as a manifestation of the evil one, but as a disease of the brain.

The Utica Asylum, founded in 1843, marked the first decided step in the humanitarian care of the insane by the State.

It was intended for the reception of recent cases only, the chronic cases being kept in the county houses.

In 1865 public opinion became so shocked at the treatment which these unfortunates received, that the Willard Asylum was built, the various counties being required to send their chronic cases to it instead of caring for them at home.

Although the State continued to build new asylums, the number of the insane increased much more rapidly than the accommodation provided for them. Moreover, the different counties found it more economical to abuse, under the guise of care, many of their chronic insane, so that in 1889 their number had increased to 2,200.

The condition of these poor creatures was most pitiable, and when it was found out the matter was stirred up until the State Care Act was passed, by which all the insane remaining in the county houses were required to be removed to the State hospitals.

The difficulties and the disadvantages of the present system are then shown, on account of the great number of patients assigned to each physician, the bad effects of overcrowding, the difficulty of properly classifying so many patients, etc.

Another serious disadvantage of the present system is, that the acute insane when they first arrive at the hospital are often very much frightened and thereby injured by the delusions and ravings of the more chronic cases.

The doctor then passes on to the main point of the paper, which is the proposal of a plan for the improvement of the present asylum system. Its outline is substantially as follows:

In the ordinary hospital population as they are constituted at present, the proportion of the acute insane is generally less than 10 per cent. These are the few who really require careful medical treatment. All the rest forming the chronic or incurable class, need only custodial care with incidental medical attention. It is a well-known fact that the average asylum physician is so overburdened with all sorts of duties, that he is unable

to give to the acute cases the care and attention that they deserve.

The doctor suggests that certain members of the hospital staff be detailed to attend exclusively to the acute cases, and that these patients should be kept, not in the big barn like main buildings so suggestive of an asylum, but that commodious and homelike structures be built in the neighborhood of the principal one, where they could be cared for and treated.

In these buildings the acute cases should be kept, and every possible effort made by means of medical care, including baths, massage, electricity, chemical examination of the blood and urine, to affect a cure. The nurses to whose care these cases are confided should be specially selected for their fitness and capability in the management of the insane. It will be found moreover that these nurses having charge of curable cases, will learn to take great pride and interest in their work, and will therefore do it so much the better. The average life of the chronic insane patient is twelve years, and it is estimated to represent a money loss of \$5,000.

It is therefore of the greatest importance from an economic point of view, without regard to any of the other aspects of the question, that every possible effort should be made to cure acute cases of insanity and restore them to society as producers, rather than to allow them to run into chronic incurable cases.

Moreover, the average cost of such an arrangement as is here suggested would not be greater than at present, as the following table will show: The average cost per patient in a hospital of 1,000 inmates is \$3.50 per week. Assuming that out of this number there are eighty acute cases, which is a very liberal estimate, costing each \$10 per week, it would give us \$800. The 920 remaining cases would be humanely and kindly cared for at a cost of \$3 per week, making \$2,760, and a total of \$3,560 for the whole thousand.

After numerous quotations from various authorities on insanity in support of his views as to the importance of separate treatment for the acute and chronic insane, he sums up the article as follows: The duty of the State to the insane consists in:

1. The separate treatment of the curable and incurable insane.

2. True hospital treatment for the curable insane with all the medical skill, nursing and care, regardless of expense, which the character of the disease demands.

3. Simple humane custodial care, at a moderate expense for the incurable insane.

(*Popular Science Monthly* October, 1893.) W. F. R.

THERAPEUTICAL.

Treatment of Neurasthenia by Injections of Nerve Extract.—Dr. C. Paul (*Medical Week*, Paris, April 28, 1893.)

In fifty-three observations in which this method of treatment was used, cure or marked improvement resulted. Dr. Paul's observations tend to show that the different parts of the nervous system are not equally affected in all cases of neurasthenia.

Sexual or genital neurasthenia stands next in frequency to the general or ordinary variety, in which the central or spinal symptoms predominate. In girls the genital variety is manifested in the form of chlorosis, coming on towards puberty.

In full-grown women it interferes with the successful treatment of uterine affections, which persist until the disappearance of the neurasthenia.

At birth neurasthenia often assumes a cardiac form in both sexes.

In males the genital neurasthenia may be manifested either by absence of sexual desire and impotence, or by spermatorrhœa. Neurasthenia seldom affects the stomach. Senile neurasthenia exists. The neurasthenia with hysteria, hypochondriasis or melancholia, is a complication of these affections, and only in exceptional cases influenced by injections. Neurasthenia may be brought on from overwork, but not by excessive walking. Neurasthenia follows excessive brain work and venereal excesses. Sleeplessness is the cardinal symptom. Injections of nerve extract produce sleep; sleep repairs wasted energies. Sleep is produced but for a few hours at first, but gradually the habit is restored and strength returns. In the failures—seven out of fifty-three cases—four were cases of hypochondriasis. F. P. N.

Preparation of Extract for Treatment of Myxædema by Thyroid Juice.—Dr. J. A. Scott. Trans. Royal Academy of Medicine in Ireland, Dublin, 1893. (*The Medical Week*, Paris, May 5, 1893.)

The main point to be attended to is the absolute sterilization of everything. He touched neither the blades of his instruments nor the thyroid bodies with his hands.